



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Attorney Docket No.: 47004.000262
))
) Group Art Unit: To Be Assigned
))
) Application Number: 10/670,358 Examiner: To Be Assigned
))
) Filed: September 26, 2003)
))
For: DEBIT PURCHASING OF STORED VALUE CARD FOR USE BY AND/OR
 DELIVERY TO OTHERS

SUPPLEMENTAL PRELIMINARY AMENDMENT UNDER 37 C.F.R. § 1.115

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to initial examination of the above-captioned patent application, kindly enter the following supplemental amendment to the subject application.

November 24, 2003

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Small Entity Status Claim: is hereby requested. is of record in this application.

Respectfully submitted,

By:



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TDB:cdh



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November 24, 2003

File No: 47004.000262

Application Number : 10/670,358
Applicant : Gregory PHILLIPS, *et al.*
Filed : November 3, 2003
Title : DEBIT PURCHASING OF STORED VALUE CARD FOR USE BY AND/OR DELIVERY TO OTHERS
TC/Art Unit : To Be Assigned
Examiner: To Be Assigned

Docket No. 47004.000262
Customer No. 21967

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application. Fees have been calculated as shown below:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims in Excess of 20	36	37	0	\$ 18.00	\$ 9.00	\$ 0.00
Independent Claims in Excess of 3	16	16	0	\$ 86.00	\$ 43.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 290.00	\$ 145.00	\$ 0.00
Extension Fee:	a) One Month			\$ 110.00	\$ 55.00	\$ 0.00
	b) Two Months			\$ 420.00	\$ 210.00	\$ 0.00
	c) Three Months			\$ 950.00	\$ 475.00	\$ 0.00
	d) Four Months			\$1480.00	\$ 740.00	\$ 0.00
	e) Five Months			\$2010.00	\$1005.00	\$ 0.00
Other:						\$ 0.00
TOTAL FEE DUE						\$ 0.00



No additional fee is required.



A check in the amount of \$ _____ is attached.



Charge \$ _____ to Deposit Account No. 50-0206.



Charge any additional fees or credit any overpayment to Deposit Account No. 50-0206.